MERIT Profile Update

Managed Education and Registry Information Tool (MERIT)



Department of Early Learning (DEL)
Attn: MERIT -PO Box 40970- Olympia, WA 98504
MERIT support: merit@del.wa.gov or (866) 482-4325 option 8

Para información en Español mande un e-mail a <u>merit@del.wa.gov</u> 0 llame al (866) 482-4325, opción 8

	DEL Use Only
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Use this form to update information for your MERIT profile. You can complete this same application online at merit.del.wa.gov. To find your STARS ID number and access your MERIT profile, visit the MERIT homepage or contact MERIT Support. Fields marked with an asterisk (*) are required.

SECTION 1: APPLICANT INFORMATION

PLEASE PRINT OR TYPE

*Last name

*First Name

Middle Name

Last name			11130	THIS INGINE				Middle Name	
*Street Address								Ap	artment/Unit #
*City	*County				*State			Zip Code	
Birthdate (mm/dd/yyyy)	*STARS ID Number			*Contact phone (home or wor			home or work)	Cell Phone	
/				()ext			()	
E-mail	Alternate e-n					nail			
SECTION 2: EMPLOYMENT INFO	RMATI	ON							
Licensed provider employment									
*Provider ID Number. Usually located at the top *Nan				ne of place of employment as it appears on				Employment Start Date:	
			the licens name:	license . If a Family Child Care, use the license			e	mm/dd/yyyy	
#				C.					//
Fill in the job title that most closely describes what you do. Required to complete STARS training (*).									
· ·				whose name is on the license) Child Care Primary Worker* Child Care Assistant Child Care Assistant Child Care Assistant			` _	e sites are licensed only for	
Crima care center rrogram			children 5yr-12yr old) ○ School-Age Program Director*						
Child Care Center Lead Teacher	,						O School-Age Site Coordinator*		
O Child Care Center Assistant or Aide O Other:							O School-Age Lead Staff or Group Leade		d Staff or Group Leader*
							O School-Age Child Care Assistant		
In-home/relative provider emp	oloymer	nt <i>(This nu</i>	ımber is loc	ated c	on the top	of the m	onthly subsidy ir	ıvoid	ce from DSHS)
Social Service Payment System (SSPS) Provider Number: #					Employment Start Date:/				
SECTION 3: DEMOGRAPHIC DA	TA (USE	D FOR STA	ATISTICAL	PURP	OSES ON	JLY)			
Shade all that describe you:									
O African American O Eastern European O Indochinese O Latino OPacific Islander OAlaska Native OCaucasian									
O Japanese O Native American O Chinese O Filipino O Korean OMiddle Eastern O Other:									
If it were available, in what language would you prefer to have your training?									
O American Sign Language O English O Korean O Spanish O Vietnamese O Chinese O Russian Other:									

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SECTION 4: EDUCATION/CERTIFICATES/CREDENTIALS/ENDORSEMENTS

You may submit education information to DEL for review and verification. Attach the proper document(s) to this application and send it to DEL so the information can be entered as a permanent part of your MERIT account. The type of education information you would send to DEL are documents such as:

- Copy of original certificate for items such as a Child Development Accreditation (CDA), Montessori credential/endorsement, or 13 Military Modules certificate of completion,*
- Official transcripts (cannot be a copy) from the college to verify completion and award of a degree,*
- Transcripts to verify college course completion and credits awarded (Must include your name, the college name, dates courses completed and credits earned. Official descriptions of the courses must be provided if the course is not a part of the college's Early Childhood Education department),* or
- Copy of original document issued by a college for items such as endorsements or certificates of achievement, proficiency, completion or recognition.*

If your current name is not on the documentation, include proof of name change (e.g., marriage certificate). You are responsible for maintaining original documents for your personal records. All forms and documentation (1) that appear to have been altered or on which "white out" has been used will not be verified under any circumstances, and (2) become the property of DEL and will not be returned.

Education					
Degree/Credential/Certification (AA, BA, MA, CDA, etc.)	Year Received		School or Institution	Major/Subject Area	Expiration
Continuing Education (For the 1	0 hour annual STA	RS t	training requirement) Attach docur	mentation as noted in S	Section 4.
Training/Class title			Trainer or School name	Year Received	
Educational Exemption (For Bas	sic 20-hour STARS	train	ning) Attach documentation as not	ed in Section 4.	
An educational exemption is not re- requirement, or are going to take to option below and attach documents	he 20-hour STARS	trair	ning, do NOT apply. To be consid	ered for the exemption	, please mark one
Option #1					
I work in a licensed center, family of	child care home or	· sch	ool-age program and have attache	ed documentation of m	y:
O 12 college quarter credits spe	ecifically identified	as e	early childhood education/child dev	/elopment	
O Associates (or higher) Degre	e in Early Childhoc	od Ed	ducation/Child Development (Prov	ride official transcripts	- cannot be a copy)

Option #2

- I work in a program licensed as a FAMILY CHILD CARE HOME and have attached documentation of my:
 - O Associates (or higher) Degree in school-age care, elementary education, special education or recreation (Provide **official** transcripts cannot be a copy)

Option #3

I work in a program licensed as SCHOOL-AGE CARE and have attached documentation of my:

O Montessori credential from a MACTE-accredited Montessori training program

O Current Child Development Associate (CDA) credential

O Completion of 13 military modules

- O College degree (associates or higher) in school-age care, elementary education, special education or recreation (Provide **official** transcripts cannot be a copy)
- O 45 college quarter credits specifically in school-age care, elementary education, special education or recreation
- O [Group leaders only] 12 college quarter credits specifically in school-age care, elementary education, special education or recreation.